Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) over the lines. is changed) OUISIANIANS FOR AMERICAN SECURITY POLITICAL ACTION COMMIT. Post Office Box 6058 ADDRESS (number and street) (Check if address is changed) Monroe 71211 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS morris@mintzoffice.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2016 C00144170 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hans Sternberg Type or Print Name of Treasurer Hans Sternberg [Electronically Filed] 01 29 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| ſ | FFC: For | rm 1 (Revised 02/2009) | Page 2 | | | |
|--------------|----------------------|--|--|--|--|--|
| TYPE | E OF C | OMMITTEE | i aye z | | | |
| Can | ndidate Committee: | | | | | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | lete the candidate | | | |
| Name Cand | e of lidate | | | | | |
| | lidate Affiliatio | Office Sought: House Senate President | State | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Cand | | | | | | |
| Part | ty Com | mittee: | | | | |
| (d) | | · · · · | Democratic, Republican, etc.) Party | | | |
| Poli | tical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | ected organization is a | | | |
| | | Corporation Corporation w/o Capital Stock | Labor Organization | | | |
| | | Membership Organization Trade Association | Cooperative | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) | × | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee) | regated fund or party | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Join | t Fund | raising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political | | | |
| | Comi | mittees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4. | | | | | |

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| | FEC Form 1 (Revised (| | | | Page 3 |
| | | OR AMERICAN SEC | LIRITY POLITI | CAL ACTION | COMMITTEE |
| 6. | | Organization, Affiliated Committe | | | |
| | IONE | 3 , | 3 4 | • | |
| L | | | | | |
| | | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | | CITY | | STATE | ZIP CODE |
| | Relationship: Connected | d Organization Affiliated Comm | ittee Joint Fundraising | g Representative Le | adership PAC Sponsor |
| 7. | Custodian of Records: Ider books and records. | ntify by name, address (phone num | nber optional) and posit | tion of the person in po | ssession of committee |
| | Morris Min | ıtz | | | 1 |
| | Full Name | Post Office Box 6058 | | | |
| | Mailing Address | | | | |
| | | Monroe | | LA , ,71211 | |
| | | | | | |
| | Title or Position | CITY | | STATE | ZIP CODE |
| | | | Telephone nur | mber | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number option assistant treasurer). | nal) of the treasurer of the | e committee; and the na | me and address of |
| | Full Name Hans Sterr of Treasurer | nberg | | | |
| | Mailing Address | 2375 Kleinert Avenue | | | |
| | | | | | |
| | | Baton Rouge | | LA 70806 | |
| | Title or Decition | CITY | | STATE | ZIP CODE |
| | Title or Position | | Telephone nur | mber | - |
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|---|---|----------|---------------|
| | | | |
| Full Name of | | | |
| Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | I | 1 1 1 1 | 1_1 |
| | CITY | STATE | ZIP CODE |
| Title or Position | | | |
| | Telephone | e number | - |
| | | | |
| Name of Bank, Deposi | r maintains funds. itory, etc. | | 1 1 1 1 1 1 1 |
| Name of Bank, Deposi | itory, etc. | | |
| Name of Bank, Deposi | itory, etc. | | |
| Name of Bank, Deposi | itory, etc. | LA 70 |)112 |
| Name of Bank, Deposi | st NBC 210 Baronne Street | LA 70 | 0112 |
| Name of Bank, Deposi | 210 Baronne Street New Orleans CITY | | |
| Name of Bank, Deposition Name of Bank, Deposition | itory, etc. St NBC 210 Baronne Street New Orleans CITY itory, etc. | STATE | |
| Name of Bank, Deposition Name of Bank, Deposition | itory, etc. St NBC 210 Baronne Street New Orleans CITY itory, etc. | | |
| Name of Bank, Deposition Mailing Address Name of Bank, Deposition | st NBC 210 Baronne Street New Orleans CITY itory, etc. | STATE | |
| Name of Bank, Deposition Mailing Address Name of Bank, Deposition | st NBC 210 Baronne Street New Orleans CITY itory, etc. | STATE | |
| Name of Bank, Deposition Mailing Address Name of Bank, Deposition | st NBC 210 Baronne Street New Orleans CITY itory, etc. | STATE | |